

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED JAN 4 1951

State File No. **43337**

BIRTH NO.		REG. DIST. NO. 349		PRIMARY REG. DIST. NO. 6181		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan 1050			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Penn Twp.		c. LENGTH OF STAY (in this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Penn Twp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. N. E. Green City				d. STREET ADDRESS (If rural, give location) 2 mi. N. E. Green City			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Franklin c. (Last) Keyser			4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 8, 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jacob T. Keyser		13b. MOTHER'S MAIDEN NAME Sarah Bamford		14. NAME OF HUSBAND OR WIFE Harriet Keyser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilma Keyser, Green City, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Cancer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of small intestines (supp. report) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 3, 1949 , to Dec 20, 1950 , that I last saw the deceased alive on Dec 19, 1950 , and that death occurred at 5:15 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Harrison MD		23b. ADDRESS Green City Mo.		23c. DATE SIGNED Dec-21-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 23, 1950	24c. NAME OF CEMETERY OR CREMATORY Green City Cemetery		24d. LOCATION (City, town, or county) (State) Green City, Mo.			
DATE REC'D BY LOCAL REG. Dec. 23, 1950	REGISTRAR'S SIGNATURE Lance Gallett		415	25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Kent & Son		ADDRESS Green City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

Date Received: DEC 27
DISTRICT HEALTH OFFICE
District File Number 12-8
Date Filed: JAN 3 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address *Green City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.